

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          |        |         |
| O.I.P.E. CLASSIFIER | RR       | 70029  | 3/31/00 |
| FORMALITY REVIEW    |          |        |         |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | 1     | 1        |      |
| 2     | 2     | 2        |      |
| 3     | 3     | 3        |      |
| 4     | 4     | 4        |      |
| 5     | 5     | 5        |      |
| 6     | 6     | 6        |      |
| 7     | 7     | 7        |      |
| 8     | 8     | 8        |      |
| 9     | 9     | 9        |      |
| 10    | 10    | 10       |      |
| 11    | 11    | 11       |      |
| 12    | 12    | 12       |      |
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| 19    | 19    | 19       |      |
| 20    | 20    | 20       |      |
| 21    | 21    | 21       |      |
| 22    | 22    | 22       |      |
| 23    | 23    | 23       |      |
| 24    | 24    | 24       |      |
| 25    | 25    | 25       |      |
| 26    | 26    | 26       |      |
| 27    | 27    | 27       |      |
| 28    | 28    | 28       |      |
| 29    | 29    | 29       |      |
| 30    | 30    | 30       |      |
| 31    | 31    | 31       |      |
| 32    | 32    | 32       |      |
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| 35    | 35    | 35       |      |
| 36    | 36    | 36       |      |
| 37    | 37    | 37       |      |
| 38    | 38    | 38       |      |
| 39    | 39    | 39       |      |
| 40    | 40    | 40       |      |
| 41    | 41    | 41       |      |
| 42    | 42    | 42       |      |
| 43    | 43    | 43       |      |
| 44    | 44    | 44       |      |
| 45    | 45    | 45       |      |
| 46    | 46    | 46       |      |
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| 49    | 49    | 49       |      |
| 50    | 50    | 50       |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    | 51    | 51       |      |
| 52    | 52    | 52       |      |
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| 54    | 54    | 54       |      |
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| 56    | 56    | 56       |      |
| 57    | 57    | 57       |      |
| 58    | 58    | 58       |      |
| 59    | 59    | 59       |      |
| 60    | 60    | 60       |      |
| 61    | 61    | 61       |      |
| 62    | 62    | 62       |      |
| 63    | 63    | 63       |      |
| 64    | 64    | 64       |      |
| 65    | 65    | 65       |      |
| 66    | 66    | 66       |      |
| 67    | 67    | 67       |      |
| 68    | 68    | 68       |      |
| 69    | 69    | 69       |      |
| 70    | 70    | 70       |      |
| 71    | 71    | 71       |      |
| 72    | 72    | 72       |      |
| 73    | 73    | 73       |      |
| 74    | 74    | 74       |      |
| 75    | 75    | 75       |      |
| 76    | 76    | 76       |      |
| 77    | 77    | 77       |      |
| 78    | 78    | 78       |      |
| 79    | 79    | 79       |      |
| 80    | 80    | 80       |      |
| 81    | 81    | 81       |      |
| 82    | 82    | 82       |      |
| 83    | 83    | 83       |      |
| 84    | 84    | 84       |      |
| 85    | 85    | 85       |      |
| 86    | 86    | 86       |      |
| 87    | 87    | 87       |      |
| 88    | 88    | 88       |      |
| 89    | 89    | 89       |      |
| 90    | 90    | 90       |      |
| 91    | 91    | 91       |      |
| 92    | 92    | 92       |      |
| 93    | 93    | 93       |      |
| 94    | 94    | 94       |      |
| 95    | 95    | 95       |      |
| 96    | 96    | 96       |      |
| 97    | 97    | 97       |      |
| 98    | 98    | 98       |      |
| 99    | 99    | 99       |      |
| 100   | 100   | 100      |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 110   | 110   | 110      |      |
| 112   | 112   | 112      |      |
| 113   | 113   | 113      |      |
| 114   | 114   | 114      |      |
| 115   | 115   | 115      |      |
| 116   | 116   | 116      |      |
| 117   | 117   | 117      |      |
| 118   | 118   | 118      |      |
| 119   | 119   | 119      |      |
| 120   | 120   | 120      |      |
| 121   | 121   | 121      |      |
| 122   | 122   | 122      |      |
| 123   | 123   | 123      |      |
| 124   | 124   | 124      |      |
| 125   | 125   | 125      |      |
| 126   | 126   | 126      |      |
| 127   | 127   | 127      |      |
| 128   | 128   | 128      |      |
| 129   | 129   | 129      |      |
| 130   | 130   | 130      |      |
| 131   | 131   | 131      |      |
| 132   | 132   | 132      |      |
| 133   | 133   | 133      |      |
| 134   | 134   | 134      |      |
| 135   | 135   | 135      |      |
| 136   | 136   | 136      |      |
| 137   | 137   | 137      |      |
| 138   | 138   | 138      |      |
| 139   | 139   | 139      |      |
| 140   | 140   | 140      |      |
| 141   | 141   | 141      |      |
| 142   | 142   | 142      |      |
| 143   | 143   | 143      |      |
| 144   | 144   | 144      |      |
| 145   | 145   | 145      |      |
| 146   | 146   | 146      |      |
| 147   | 147   | 147      |      |
| 148   | 148   | 148      |      |
| 149   | 149   | 149      |      |
| 150   | 150   | 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE